

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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60						
TOTAL IN						
TOTAL DEF.						
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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99						
100						
TOTAL NO.	3					
TOTAL DEF.	50					
TOTAL	53					

BEST AVAILABLE COPY